

Group Service Log

DMH Directly-Operated

CONFIDENTIAL CLIENT INFORMATION PER CALIFORNIA WELFARE AND INSTITUTIONS CODE 5328
AND HIPAA PRIVACY STANDARDS

Date Submitted: _____ Agency Name: _____ Provider #: _____

Group Information	
Group ID:	Activity Date:
Group Name:	
*Place of Service Code:	Procedure Code:
Address ¹ :	

By signing below, I attest that I have provided the mental health services recorded on this Group Service log and that all information is accurate, complete and truthful to the best of my knowledge and belief. I further attest that the services provided by me, as reflected on this Group Service log form, were consistent with the client's treatment plan and, if services are to be claimed to Medicare and/or Medi-Cal, were reasonable and medically necessary. Claims for services submitted as a result of this Group Service log are supported by documentation.

Participating Staff			Total Time		Signature
Last Name	First Name	Staff Code	Hrs	Mins	

Check if Client Present	Client ID	Client Last Name & First Initial	Rendering Provider Responsible Lead	Col	Collateral Type	*EBP/Srv Strategies Enter Code(s)	Plan/Funding Source	Screening Referral ²	Pregnancy ³	Emergency ⁴	SED ⁵	SOC ⁶
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Total Number of Non-DMH clients and clients from a different provider number present: _____

* A list of codes can be found in the IS Codes Manual located at <http://dmh.lacounty.gov/hipaa/index.html>

Data Entry Staff
Date Received: _____ Entered by: _____ Date Entered: _____
For each client's group service, you are required to go to the <u>SERVICE</u> screen to enter applicable Evidence-Based Practice (EBP) or Service Strategy code(s) BEFORE submitting the claim.

DEFINITIONS OF FIELDS:

- Place of Service Code Address: For Medicare or Medi/Medi clients, for codes other than 11 and 12 record the address where the service was provided.
- Screening Referral: For EPSDT clients, check this box if the Agency of Primary Responsibility is other than code 7 (None).
- Pregnancy: For clients with Pregnancy or Pregnancy/Emergency Aid Code, check this box if the client is pregnant.
- Emergency: For clients with Emergency or Pregnancy/Emergency Aid Code, check this box if the service is a crisis intervention, crisis stabilization, or emergency medication support.
- SED-Serious Emotional Disturbance: For clients with Healthy Families, check this box if the child meets the definition of (SED).
- SOC-Share of Cost: For clients with a Share of Cost, check this box. If checked, an eligibility check must be run.